| | 1995 no persons are requi | ired to rea | spond to a collection of inf | rademan ormation | cOffice; U.S. DEPA unless it displays a | ARTMENT OF COMMERCE valid OMB control number | |
|--|--|--|---|---------------------|--|--|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | Complete if Known | | | | |
| | | | Application Number | 10/7 | 37,042 | | |
| FEE TRANSMITTAL | | Filing Date | Dece | December 15, 2003 | | | |
| For FY 2008 | | First Named Inventor | Lest | Lester F. LUDWIG | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | Examiner Name | Davi | David S. Warren | | | |
| <u> </u> | atus. See 37 CFR 1.27 | | Art Unit | 2873 | 3 | | |
| TOTAL AMOUNT OF PAYMENT | (\$) 50.00 | | Attorney Docket No. | 9204 | 9/8727 [2152-3 | 3033] | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | | |
| Deposit Account Deposit Account Number: 06-1135 Deposit Account Name: Fitch, Even, Tabin & Flan | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | |
| Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee | | | | | | | |
| | l fee(s) or underpaymen | ts of fee | e(s) Credit any | overpavi | ments | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card | | | | | | | |
| Information and authorization on PTO-2038. FEE CALCULATION | | | | | | | |
| 1. BASIC FILING, SEARCH, A | ND EVAMINATION E | EEC | | | | | |
| | NG FEES | | CH FEES EX | | TION FEES | | |
| Application Type Fee | Small Entity S) Fee (\$) | Fee (\$) | Small Entity Fee (\$) For | e (\$) | mall Entity Fee (\$) | Fees Paid (\$) | |
| Utility 310 | 155 | 510 | | 10 | 105 | | |
| Design 210 | 105 | 100 | | 30 | 65 | | |
| Plant 210 | 105 | | | | | | |
| | | 310 | 155 1 | 60 | 80 | | |
| Reissue 310 | 155 | 510 | 100 | 60 20 | 80 310 | | |
| Reissue 310 Provisional 210 | 155 105 | | 100 | | | | |
| | | 510 | 255 6 | 20 | 310 0 Fee (\$) | imall Entity Fee (\$) | |
| Provisional 210 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including | 105 ng Reissues) | 510 | 255 6 | 20 | 310 0 Fee (\$) 50 | Fee (\$) 25 | |
| Provisional 210 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Each independent claim over 20) | 105 ng Reissues) | 510 | 255 6 | 20 | 310 0 Fee (\$) 50 210 | 25 105 | |
| Provisional 210 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (includir Each independent claim over Multiple dependent claims | 105 ng Reissues) r 3 (including Reissue | 510 0 | 255 6 | 20 | 310 0 <u>Fee (\$)</u> 50 210 370 | Fee (\$) 25 105 185 | |
| Provisional 210 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Each independent claims Total Claims Total Claims 22 - 20 or HP = 2 | 105 ng Reissues) r 3 (including Reissue Claims Fee (\$) x 25 | 510 0 es) | 255 6 | 20 | 310 0 <u>Fee (\$)</u> 50 210 370 | 25 105 | |
| Provisional 210 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Each independent claim over 20 (including Each independent claims Total Claims 22 - 20 or HP = 2 14P = highest number of total claims | ng Reissues) r 3 (including Reissue Claims x Fee (\$1\) x 25 aid for, if greater than 20. | 510 0 es) | 255 6 0 Paid (\$) 50 | 20 | 310 0 <u>Fee (\$)</u> 50 210 370 <u>Multiple Depri</u> | Fee (\$) 25 105 185 endent Claims | |
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| Provisional 210 2. EXCESS CLAIM FEES Fse Description Each claim over 20 (including the province of the provinc | 105 ag Reissues) a 3 (including Reissue Lalaims x Fee (\$) x 25 aid for, if greater than 20. | 510 0 es) = <u>Fee</u> | 255 6 0 Paid (\$) 50 | 20 | 310 0 <u>Fee (\$)</u> 50 210 370 <u>Multiple Depri</u> | Fee (\$) 25 105 185 endent Claims | |
| Provisional 210 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including the claim over 20 (| ng Reissues) 3 (including Reissue 13 (including Reissue 25 aid for, if greater than 20. 2laims Fee (5) 4 x x x x x x x x x x | 510 0 es) = Fee = an 3. | 255 6 0 Paid (\$) 50 Paid (\$) | 20 0 | 310 0 Fee (\$) 50 210 370 Multiple Depr | Fee (\$) 25 105 185 endent Claims Fee Paid (\$) | |
| Provisional 210 | ng Reissues) 3 (including Reissue 2 laims Fee (5) 2 aid for, if greater than 20. 2 laims Fee (5) 2 aims Fee (5) 2 aims A (5) 2 aims A (5) 2 aims A (5) 2 aims A (5) 3 aims A (5) 4 aims paid for, if greater than 20. 3 aims exceed 100 sheets (6)), the application is | 510 0 es) = Fee = an 3. s of papsize fee | 255 6 0 Paid (\$) 50 Paid (\$) er (excluding electre due is \$260 (\$130 | 20 0 | 310 0 S Fee (\$) 50 210 370 Multiple Depr Fee (\$) | Fee (\$) 25 105 185 endent Claims Fee Paid (\$) e or computer | |
| Provisional 210 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including the claim over 20 (| 105 Ing Reissues) 1 3 (including Reissue 2 3 (including Reissue 2 4 25 aid for, if greater than 20. 2 1 aims x Fee (\$) x x 25 aid for, if greater than 20. 2 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 2 3 | 510 0 es) = Fee = an 3. s of papsize fee 11(G) 8 | 255 6 0 Paid (\$) 50 Paid (\$) and 37 (FR 1.16(s) and 37 (FR 1.9 d) | onically | 310 0 Fee (\$) 50 210 370 Multiple Deprese (\$) y filed sequence all entity) for eareref Fee (\$) | Fee (S) 25 105 185 endent Claims Fee Paid (S) e or computer ach additional 50 | |
| Provisional 210 2. EXCESS CLAIM FEES Fse Description Each claim over 20 (includit Each independent claim ove Multiple dependent claim ove Multiple dependent claims Total Claims 22 - 20 or HP = HP = highest number of total claims inches, Claims 1.3 or HP = HP = highest number of findependent 3. APPLICATION SIZE FEE If the specification and drawin listings under 37 CFR 1.5. sheets or fraction thereof. | ng Reissues) r 3 (including Reissue r 3 (including Reissue 2 laims x | 510 0 es) = Fee = an 3. s of papsize fee 1)(G) a of eacl | Paid (\$) 50 Paid (\$) 50 Paid (\$) cer (excluding electre due is \$260 (\$)30 and 37 (FR 1.16(s)) (round up to a whole | onically | 310 0 Fee (\$) 50 210 370 Multiple Deprese (\$) y filed sequence all entity) for eareref Fee (\$) | Fee (S) 25 105 185 endent Claims Fee Paid (S) e or computer ach additional 50 | |

| SUBMITTED BY | | | | | |
|-------------------|------------------------|---|--------------------------|--|--|
| Signature | /Jeffrey J. Lotspeich/ | Registration No. (Attorney/Agent) 45,737 | Telephone (858) 552-1311 | | |
| Name (Print/Type) | Jeffrey J. Lotspeich | | Date May 22, 2008 | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a borneli by the public which is to life (and by the USFTO to process) an application. Confidentially is governed by 38 U.S.C. 124 and 57 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any common the amount of time you require to complete this form and/or supposetions for enducing this burden, should be sent to the Chief Information Circle; U.S. Peatent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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